

## DEATH NOTE

NAME

DATE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

DIAGNOSIS

NEUROLOGIST

FIRST SYMPTOM

DATE OF FIRST SYMPTOM

DATE OF DIAGNOSIS

DURATION OF ILLNESS

FAMILY HISTORY

TREMOR PROMINENT                      Y \_\_\_\_\_                      N \_\_\_\_\_

LEVODOPA RESPONSIVE                      Y \_\_\_\_\_                      N \_\_\_\_\_

MCI    Y \_\_\_\_\_                      N \_\_\_\_\_

DEMENTIA                                      Y \_\_\_\_\_                      N \_\_\_\_\_

SYMPTOMS OF DEMENTIA/MCI

MOTOR-DEMENTIA/MCI INTERVAL (yrs) \_\_\_\_\_

MMSE, NEUROPSYCH SCORES AND DATES

COMMENTS ON COURSE OF ILLNESS

DEEP BRAIN STIMULATION      Y \_\_\_\_\_ N \_\_\_\_\_

DATE OF LAST VISIT TO PD&MDC

LAST UPDRS SCORE      UPDRS I \_\_\_\_\_      UPDRS II \_\_\_\_\_  
UPDRS III \_\_\_\_\_      TOTAL UPDRS \_\_\_\_\_

MENTAL STATUS AT LAST VISIT

HOEHN AND YAHR SCORE AT END OF LIFE      \_\_\_\_\_

NEUROLOGICAL STATUS IN LAST SIX MONTHS OF LIFE:

FAMILY'S ASSESSMENT OF MENTAL STATE AT END OF LIFE